PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

56937-108

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			10]	RATE	FEE	٦.	RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BÁSIC FEI	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			minus 20=		•]	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 = 1		3			X43=		OR	X86=	258
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL		OR	TOTAL	1028
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER	
AMENDMENT A	10/03/01	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	- 21	Minus	٠٠ مذ	0	=/		X\$ 9=		OR	X\$18≈	50
	Independent	NITATION OF M	Minus	ENDENT	CLAIM		T	X43=		OR	X86=_	A
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
						•	L A	TOTAL DDIT, FEE		OR	TOTAL ADDIT. FEE	50/
		(Column 1)		(Colun	nn 2)	(Column 3)		DOM: TEL				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**	·			X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***]	X43=		OR	X86=	
	FIRST PRESE	NTATION OF ML	JLTIPLE DEP	ENDENT	CLAIM		ا ا	+145=		OR	+290≖	
								TOTAL ODIT. FEE			TOTAL ADDIT, FEE	
		(Column 1)		(Colum	ın 2)	(Column 3)						·
3 I	`	CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		B		X\$ 9=		OR	X\$18=	
	Indep ndent	.	Minus	999		=		X43=			X86=	
	FIRŞT PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		 			OR		
• #	the ntry in colu	nn 1 is less than th	e entry in colum	nn 2, write '	"O" in colu	mn 3.	L.	+145= TOTAL		OR	+290= TOTAL	
***	f the "Highest Nu	mber Previously Pa mber Previously Pa ber Previously Paid	id For IN THIS	SPACE &	less than	3. enter *3.*		DIT. FEE	لنبيب		ODIT. FEE	<u>.</u>